

# Notice of Privacy Practices

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*\* indicates a required field*

**This notice describes how medical/health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

Empower Therapy LLC is required by law to maintain the privacy of your health information and to provide you with this detailed Notice of Privacy Practices ("Notice") of our legal duties and privacy practices in respect to your health information. Empower Therapy LLC will follow the terms of the Notice that are currently in effect. Empower Therapy LLC reserves the right to change the terms of this Notice and to make new provisions effective for all personal health information received and maintained by Empower Therapy LLC now and in the future. Empower Therapy LLC will provide you with a copy of the revised Notice upon request.

## Uses and Disclosures of PHI

Empower Therapy LLC is permitted by law to use and disclose PHI, without your written authorization, for certain purposes such as treatment, payment and health care operations. Empower Therapy LLC typically uses or discloses your PHI in the following ways:

**Treatment:** Empower Therapy LLC can use and disclose your health information in providing you with treatment and services and coordinating your care and may disclose information to other providers involved in your care with your authorization. For example, one of your providers asks us about your mental health treatment and a Release of Information (ROI) has been signed.

**Payment:** Empower Therapy LLC may use or disclose your health information for billing and payment purposes. We may disclose your health information to your representative, or to an insurance or managed care company or other third party payer. For example, we may contact your insurance company to confirm your coverage or provide PHI to your health insurance company so they will pay for and approve your services.

Health Care Operations: Empower Therapy LLC may use and disclose your PHI as necessary to run the business, improve your care and contact you. For example, Empower Therapy LLC uses PHI to send appointment reminders if you choose.

The following lists various in which Empower Therapy LLC may use or disclose your health information without your authorization or an opportunity for you to object:

To help with public health and safety issues:

- Public health: To prevent the spread of disease and report adverse reactions to medication.
- Required by the Secretary of Health and Human Services: We may be required to disclose your PHI to the Secretary of Health and Human Services to investigate or determine our compliance with the requirements of the final rule on Standards for Privacy of Individually Identifiable Health Information.
- Health oversight: For audits, investigations, and inspections by government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.
- Serious threat to health or safety: To prevent a serious and imminent threat.
- Abuse or Neglect: To report abuse, neglect, or domestic violence.

To comply with law, law enforcement, or other government requests:

- Required by law: If required by federal, state or local law.
- Judicial and administrative proceedings: To respond to a court order, subpoena, or discovery request.
- Law enforcement: For law to locate and identify you or disclose information about a victim of a crime.
- Specialized Government Functions: For military or national security concerns, including intelligence, protective services for heads of state, or your security clearance.
- National security and intelligence activities: For intelligence, counterintelligence, protection of the President, other authorized persons or foreign heads of state, for purpose of determining your own security clearance and other national security activities authorized by law.
- Workers' Compensation: To comply with workers' compensation laws or support claims.

To comply with other requests:

- Business Associates: To organizations that perform functions, activities or services on our behalf.

Unless you object, Empower Therapy LLC may disclose PHI:

- To your family, friends, or others if PHI directly relates to that person's involvement in your care AND there is a Release of Information signed.
- If it is in your best interest because you are unable to state your preference.

Uses and disclosures not described in this Notice will be made only with your Authorization. You may revoke an Authorization in writing at any time by emailing [danii@empowertherapyllc.com](mailto:danii@empowertherapyllc.com). If you revoke an authorization, we will no longer use or disclose your health information for the purposes covered by that Authorization, except where we have already relied on the Authorization.

## Your Rights

Listed below are your rights regarding your health information. Each of these rights is subject to certain requirements, limitations and exceptions. To exercise these rights, please submit a written request to Empower Therapy LLC at the email address noted below, including a specific request of your PHI: [danii@empowertherapyllc.com](mailto:danii@empowertherapyllc.com).

- To inspect and copy PHI: You can ask for an electronic or paper copy of PHI. Empower Therapy LLC may charge you a reasonable fee for a paper copy; an electronic copy may be provided at no cost. Empower Therapy LLC may deny your request if it believes the disclosure will endanger your life or another person's life. You may have a right to have this decision reviewed.
- To amend PHI: You can ask to correct PHI you believe is incorrect or incomplete. Empower Therapy LLC requires you to make your request in writing via email (email address listed above) and you must provide a reason for the request. Empower Therapy LLC may deny your request. Empower Therapy LLC will send a written explanation via email for the denial and allow you to submit a written statement of disagreement.
- To request confidential communication: You can ask Empower Therapy LLC to contact you in a specific way, as well as to not contact you through specific channels; via email, via phone call, and/or via text message. You acknowledge that any communication outside of your session cannot guarantee confidentiality.
- To limit what is used or shared: You can ask Empower Therapy LLC not to use or share PHI for treatment, payment, or business operations. Empower Therapy LLC is not required to agree if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask Empower Therapy LLC not to share PHI with your health insurer.

- To obtain a list of those with whom your PHI has been shared: You can ask for a list, called an accounting, of the times your health information has been shared. You can receive one accounting every 12 months at no charge, but you may be charged a reasonable fee if you ask for one more frequently.
- To be notified of a security breach: You have the right to be notified of an unauthorized disclosure of your unsecured personal health information and we will notify you of such a breach in accordance with our obligations under the law.
- To receive a copy of this Notice: You can ask for a paper copy of this Notice, even if you agreed to receive the Notice electronically.
- To choose someone to act for you: If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights.
- To file a complaint if you feel your rights are violated: You can file a complaint by contacting Empower Therapy LLC via email and sending your complaint in writing utilizing the email address listed above. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). Empower Therapy LLC will not retaliate against you for filing a complaint.

You may contact the owner, Danii Triscari at any time at [danii@empowertherapyllc.com](mailto:danii@empowertherapyllc.com) to obtain a current copy of the Notice of Privacy Practices. You understand that you may request in writing restrictions on how your private information is used or disclosed to carry out treatment, payment, or health care operations. You also understand that Empower Therapy LLC is not required to agree to your requested restrictions, but if Empower Therapy LLC does agree, then Empower Therapy LLC is bound to abide by such restrictions.

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**By signing, I acknowledge that I have read or had this Notice explained to me. I understand this Notice and have had the opportunity to ask questions regarding any matters of concern and signing it voluntarily.**

I consent to sharing information provided here.

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